

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)		10/070271	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.				
1									
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48									
49									
50									
TOTAL IND.	1				1				
TOTAL DEP.	12	↓	↓	↓	12	↓	↓	↓	↓
TOTAL CLAIMS	13	↓	↓	↓	13	↓	↓	↓	↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS